



Program Relocation Checklist

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- ☐ **All** applicants—including partners, corporate officers, and/or controlling stockholders—must sign the Statement of Completion at the bottom of this page and include with the application. You may photocopy this form as necessary.
- ☐ Submit a surety bond rider amending the program address to reflect the new facility address. A separate surety bond rider is required for each certified program.
- ☐ Submit proof of a fire code inspection of the facility, dated within 90 days of filing the application, showing no violations.
- ☐ Submit a copy of the updated program business license.
- ☐ Submit program's Standard Business Hours. (Form # RC-800)
- ☐ Submit copies of all student contracts and materials furnished to students complete with new facility address and phone number.

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents which are required to be attached, for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed.

Printed Name

Legal Signature

Date

**Please submit application and all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division
2206 East View Parkway
Conyers, Georgia 30013**

An application drop box is also available at the entrance of the Conyers Customer Service Center.



Program Relocation Application

SECTION 1: Program Information

1.1 Name of program as it is certified by the Department of Driver Services:

Full Legal Name

Trade Name/DBA, if applicable (Please list all names associated with this facility.)

1.2 Which programs will the relocation affect? Provide certification #.

☐ Risk Reduction # _____

☐ Driver Improvement # _____

☐ Driver Training # _____

☐ Third Party Testing # _____

☐ Ignition Interlock # _____

1.3 Indicate the services this facility will offer:

☐ Classroom and office with full operating hours

☐ Classroom only

1.3.1 If classroom only services are indicated in question 1.3, list the principal location where the records will be maintained.

Program Name

Program Certification Number

1.4 Provide the address of CURRENT facility:

Street Address

City

State

County

Zip Code

Mailing Address

☐ Same as above

City

State

County

Zip Code

1.5 Provide the address of NEW facility:

Street Address

City

State

County

Zip Code

Mailing Address

☐ Same as above

City

State

County

Zip Code

1.6 Provide the contact information for the NEW facility:

Primary Phone Number

Facsimile Number

Email Address

Website

Contact Name

Title

Phone Number

Email Address

☐ Same as above

☐ **I would prefer all correspondence be mailed to the mailing address above.
Unless the box is checked, all correspondence will be emailed.**

1.7 What is the proposed effective date of the relocation? A minimum 30 day notice to the Department is required.

Date: _____



1.8 Have you reviewed the applicable program rules to ensure the new facility meets the minimum requirements?

☐ Yes ☐ No

1.8.1 Does the new facility meet the minimum requirements for all classroom accommodations, including minimum space, equipment, privacy and restroom requirements?

☐ Yes ☐ No

1.8.2 Does the new facility meet the minimum requirements for all office requirements, including privacy accommodations, if applicable?

☐ Yes ☐ No

1.8.3 Does the new facility comply with the requirements set forth by the Americans with Disabilities Act (ADA)?

☐ Yes ☐ No

1.9 Is this relocation associated with a change in ownership, partners or the corporation?

☐ Yes ☐ No

1.9.1 If you answered "Yes" to question 1.9, provide detail of the change: _____

1.10 Has there been a change in ownership, partners or the corporation of the entity originally certified by the Department of Driver Services?

☐ Yes ☐ No

1.10.1 If you answered "Yes" to question 1.10, provide details of the change: _____

SECTION 2: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

Furthermore, I have reviewed and complied with all program rules related to this relocation and understand the facility must be inspected by the Department of Driver Services.

I will further understand the facility must pass the inspection conducted by the Department of Driver Services before any services can be offered at the facility.

I will submit all reports and information as specified in the DDS rules and regulations and operations guidelines, and will allow the examination and audit of the books and records by the Department of Driver Services.

I hereby authorize the release to DDS of any information necessary for the determination of my application for program relocation. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Legal Signature

Date

Sworn to and subscribed before me

this ____ day of _____ 20____.

(SEAL)

Notary

RC-PR-100 (09/09)



Standard Business Hours

Risk Reduction Program Hours of Operation

Ga. Admin. Comp. Chapter 375-5-6-.19 Each program shall maintain business hours of at least fifteen (15) hours per week.

Driver Improvement Clinic Hours of Operation

Ga. Admin. Comp. Chapter 375-5-1-.10 (g) An employee of the clinic must be available during the hours of 10:30 a.m. to 5:00 p.m. to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The clinic may close for a lunch hour at a set time, upon notice to the Department of the scheduled lunch hour.

Driver Training School Hours of Operation

Ga. Admin. Comp. Chapter 375-5-2-.11 (k) An employee of the driving training school and/or limited driver training school must be available during the hours of 10:30 to 5:00 p.m. to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The school may close for a lunch hours at a set time upon notice to the Department of the scheduled lunch hour. Flexibility in the time may be observed as long as the school is open at least six (6) hours per day, at least three (3) hours of which must fall within the period of 10:30 a.m. to 5:00 p.m.

Ignition Interlock Device Provider Center Hours of Operation

Proposed Rule: Maintain a place where the ignition interlock device provider center will be located which is easily accessible and open during pre-established daily business hours. Provider centers shall maintain daily business hours of at least four hours per day, between the hours of 8:00 a.m. and 8:00 p.m., five days per week.

Important Note: Facilities approved to operate more than one program must establish hours of operation that will satisfy at least the minimum requirements for each of the programs.

Example: If a facility offers driver improvement and risk reduction programs, the hours must meet the more stringent requirements of the driver improvement program and maintain the minimum operation hours of 10:30 a.m. to 5:00 p.m., Monday to Friday.

Hours of Operation:

Indicate below your program's intended hours of operation.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Open	Time Open	Time Open	Time Open	Time Open	Time Open	Time Open
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	Time Closed

The Department of Driver Services must receive written notice of any business hours changes at least two (2) weeks in advance.

Hours of operation certified by: _____
(Signature of program owner/director)